Name in Full: Mary Blue

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ewing — County: Frederick

Date of death 1904: Month: Dec — Day: 8 — Age: Years: — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J L Blue — Father's Birthplace: Va.

Mother's Maiden Name: Ida Allen 64 — Mother's Birthplace: Va.

Name of person giving information: Ida Blue — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Brain — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas T. Johnson

Address: Ft Joseph Md.

Accident or Suicide?

LIBRARY BUREAU A88519

Springfield Fire
Hampshire Co.

Name in Full: Sarah Border

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Troy — County: Albany

Date of death: Month: 12 — Day: 28 — 1904

Age: Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: 4

Name of person giving Information: C. Ucker — How related to deceased: ~~Son-in-law~~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia. Sprain from fall — How long: 1 wk

Immediate: 4 Coma — How long: 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Brien

Address: Troy, N.Y.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Willa Bucklew

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland D — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: 12	Day: 9	Age: Years: 35	Months: —	Days: —
Sex: Female	Color or Race: White		Birthplace: Md		
Occupation: None	Where Residing if not at place of death: —				
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: —			Father's Birthplace: —		
Mother's Maiden Name: —			Mother's Birthplace: —		
Name of person giving In formation: —			How related to deceased: —		

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis	How long: 2 mo
Immediate: Exhaustion	How long: 1 wk
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W F Terry
	Address: Cumberland Md
Accident or Suicide?	

LIBRARY BUREAU A68516

Name in Full: Mrs Emily Castens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Dec 10 — Age: Years 71; Months —; Days —

Sex: Female — Color or Race: white — Birthplace: South Carolina

Occupation: H W — Where Residing If not at place of death: Parkersburg W Va

~~Married, Single~~ or Widowed: mrd — Name of Wife or Husband: mrd

Father's Name: unknown — Father's Birthplace: —

Mother's Maiden Name: " — Mother's Birthplace: —

Name of person giving Information: Mrs Jacob Bagent — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

Primary: Bright's Disease — How long: Ser. yrs

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. F. Braerman

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Grover Cleveland Clark

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Washington — County: Alleg[illegible]

Date of death 190[illegible]: Month: 12 — Day: 15 — Age: Years: 12 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Dawson Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Clark — Father's Birthplace: Md

Mother's Maiden Name: Mary Dawson — Mother's Birthplace: Md

Name of person giving In formation: Mary Clark — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism 48 — How long: 1 yr.

Immediate: Lobar pneu — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Long

Address: Piedmont W. Va.

Accident or Suicide? No

LIBRARY BUREAU A66016

Name in Full: J. A. R. Clary

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany.

Date of death 1904: Month: Dec — Day: 31st — Age: Years: 91 — Months: — — Days: —

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Singla or Widowed: Married — Name of Wife or Husband: Mary Crenshaw

Father's Name: Dr Clary — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Mrs Jas Taylor — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C H Brace

Address: Cumbd Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William b. Colemans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alleg.

Date of death: 1904 — Month: Dec — Day: 19

Age: Years: 72 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: —

Occupation: Bride — Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Widower — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Albert Marsh — How related to deceased: Son in law

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardia-renal dropsy — How long: 6 mos.

Immediate: Syncope — How long: immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C V H Brace —

Address: Cumbd — Md

Accident or Suicide?

LIBRARY BUREAU A66816

124 Frederick

Name in Full: Bettie Corbin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany

Date of death 190 4 — Month: 12 — Day: 24 — Years: 42 — Months: 10 — Days: 19

Sex: Female — Color or Race: White — Birthplace: W. Va

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Thomas Corbin

Father's Name: Walter Baldwin — Father's Birthplace: W. Va

Mother's Maiden Name: Sarah Lynch — Mother's Birthplace: W. Va

Name of person giving information: Thomas Corbin — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Amentia Abscessus — How long: 4 days

Immediate: " " — How long: 8 Hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Abbott

Address: Piedmont W. Va

Accident or Suicide? No

LIBRARY BUREAU A89516

Name in Full: Thomas Condon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Eckhart — County: Allegany

Date of death 1904: Month: Dec. — Day: 12 — Age: Years: 37 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland.

Married, ~~Single~~ or Widowed — Occupation: R. Roader

Name of Wife or Husband: Mary Anna Kelly

Father's Name: Thos. Condon — Father's Birthplace: Ireland

Mother's Maiden Name: Margaret — — Mother's Birthplace: Ireland.

Name of person giving Information: John Condon — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Traumatism — How long: One week

Immediate: Erysipelas — How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Blu Cumwell

Address: Eckhart Mines

245.

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Agnes Coughenour

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: Dec; Day: 31; 1904

Age: Years: 6; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Ellerslie

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Coughenour; Father's Birthplace: Pa

Mother's Maiden Name: Ada Hahn; Mother's Birthplace: Pa

Name of person giving information: Ada Coughenour; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injuries; How long:

Immediate: Peritonitis; How long: 1 week.

Are the name, age, sex, color, date and place correctly given above?

Signature Physician: J. Carl Smith

Address: Ellerslie

Accident or Suicide?

LIBRARY BUREAU A66818

Madly Pa

Name in Full: Harmon Crowe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Union Mines #1 — County: Allegany

Date of death: Month: 12 — Day: 29 — Years: 24 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: U. S.

Occupation: Miner — Where Residing if not at place of death: Borden Mines

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Edith Crow — Mother's Birthplace: U. S.

Name of person giving information: Sylvester Crowe — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed in mines — How long: —

Immediate: Killed in mines — How long: —

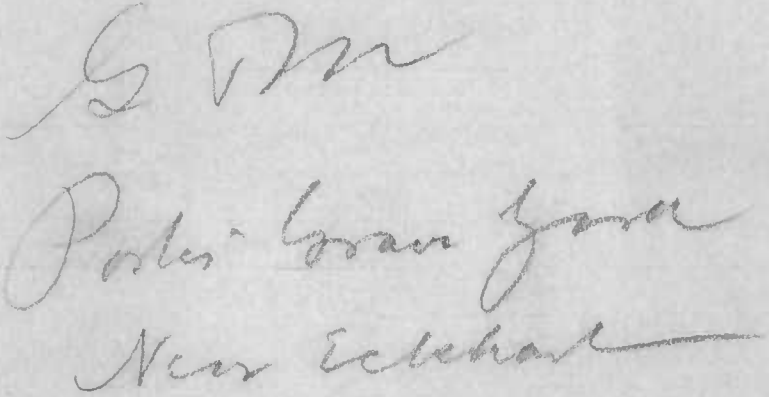
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Dillon

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A30316



Name in Full: Herbert Dade

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumtd — County: allegh

Date of death: 1904 — Month: Dec — Day: 21 — Years: Age about 20 — Months: — — Days: —

Sex: male — Color or Race: Colrd — Birthplace: Virginia

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James Dade — Father's Birthplace: Virginia

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Western Md Hospital — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis peritonitis — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr James T. Johnson

Address: for Lorim Phone

Accident or Suicide?

LIBRARY BUREAU A6881Q

Name in Full: Virginia Darbee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1907 — Month: Dec — Day: 22 — Age — Years: 65 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: W. Va.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: H C Dowling — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Uterus — How long: 2 yrs

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley.

Address: Wiley

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Dec — Day: 18 — Age — Years: — Months: — Days: 1

Sex: Female — Color or Race: Colored — Birthplace: Cumberland

Occupation: Infant — Where Residing If not at place of death: —

Married, Single or Widowed: Infant — Name of Wife or Husband: —

Father's Name: Oscar Darr — Father's Birthplace: W-Va

Mother's Maiden Name: Rosie Brooks — Mother's Birthplace: Md-

Name of person giving Information: Oscar Darr — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth 7 mo — How long: Prem.

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. S. Dupes M.D.

Address: Cumberland Md

(Permit To Bury)

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: Dec; Day: 20; Year: 1907

Age: Years: 53; Months: —; Days: .

Sex: F

Color or Race: W

Birthplace: Wales

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: M

Name of Wife or Husband: Thos D. Davis

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Yoles

Father's Birthplace: Wales

Mother's Maiden Name: Mary Price

Mother's Birthplace: Wales

Name of person giving Information: Thos D Davis

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart disease

How long: Don't Know

Contributory: Nephritis

Immediate: Apoplexy

How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A66618

GAR

allegany Co.

Name in Full: Howard Dean

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 190X; Month: Dec; Day: 1st

Age: Years: 1; Months: ; Days: 1

Sex: Male; Color or Race: White; Birthplace: Cumberland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Jno Dean; Father's Birthplace: Md. Va

Mother's Maiden Name: Mary Clymer; Mother's Birthplace: Md. Va

Name of person giving information: Wm Jno Dean; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malformation; How long:

Immediate: Malformation; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wiles M.D.

Address: Cumberland Md

Accident or Suicide:

LIBRARY BUREAU A83316

Name in Full: Michael Delaney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ocean — County: Allegany

Date of death 1904: Month: Dec — Day: 8 — Age: Years: 37 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Louisiana

Married, Single or ~~Widowed~~: Single — Occupation: Miner

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Luke Delay — Father's Birthplace:

Mother's Maiden Name: Elizabeth Bayler — Mother's Birthplace: unknown

Name of person giving In formation: James Bayler — How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long:

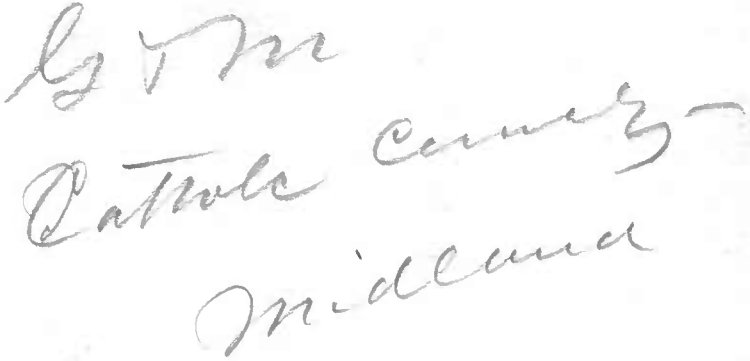
Immediate: Acute Alcoholism — How long: 10 days or more

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Ocean Md

Accident or Suicide?



Name in Full: T Roy Duvall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb. County: Allegany

Date of death: 1904 Month: Dec Day: 6

Age: Years: 2 Months: 4 Days:

Sex: Male Color or Race: White Birthplace: Pa.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: G T Duvall Father's Birthplace: Va.

Mother's Maiden Name: Sarah Frances Molony Mother's Birthplace: Md.

Name of person giving In formation: G. T. Duvall How related to deceased: Father

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Pneumonia How long

Immediate: Cardiac failure with adema How long

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: Edward Harris per F.A.S.

Address:

Accident or Suicide?

LIBRARY BUREAU A66819

Name in Full: Manerva Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cantor — County: Talbot

Date of death 1904: Month: Dec — Day: 15 — Years: Age 78 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: Home Keeper — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: Wm. H. Hall — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

Primary: — How long:

Immediate: Heart Disease — How long: 8 mos

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr A. H. Hawkins

Address: pr Easton by Phone

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Infant of Frank Harriston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Alle

Date of death: Month: 12; Day: 10; Years: —; Months: —; Days: —

Sex: Female; Color or Race: Colord; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Frank Harriston; Father's Birthplace: Va

Mother's Maiden Name: Althida Harris; Mother's Birthplace: Va

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth

How long:

Immediate: E

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr J. H. Tompkins

Address: Cumberland Md

Accident or Suicide?

Summer Com.

1m-5 e 11

LIBRARY BUREAU A66810

Name in Full Child of Robt R. Huddeee

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 12/16 — Cumber (County) allg

Date of death 1964	Month DEC	Day 16	Years	Months	Days
			Age	3	22

Sex Boy — Color or Race Black — Birthplace Cumberland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband Robt R.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia (Catarrhal)

How long

Immediate Exanition

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Spurgeon Spann

Address 25 N. Liberty St

Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A6616

Butler

Name in Full: infant of Bessie Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ellicott — County: Howard

Date of death 1904 — Month: Dec — Day: 12 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert Brown — Father's Birthplace: Md

Mother's Maiden Name: Bessie Jones — Mother's Birthplace: Md

Name of person giving information: Bessie Jones — How related to deceased: Mother

CAUSES OF DEATH

Primary: Stillborn — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Davis Grant

Address: [redacted]

Accident or Suicide? Wm Davis Grant

WDG

LIBRARY BUREAU A88918

Name in Full: Thomas F Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: 12; Day: 9; 1904

Age: Years: 69; Months: 7; Days:

Sex: Male

Color or Race: White

Birthplace: Culpepper Va.

Occupation: Harness Maker

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Litzenberg

Father's Name: Thomas Jones

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Wife

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 8 days

Immediate: Acute attack of Asthma — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D L Beasley

Address: Cumberland Md.

Accident or Suicide? no.

LIBRARY BUREAU A6881G

Name in Full: Daniel Kabosky

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum County: Alle

Date of death: Month: 12 Day: 3 1904

Age: Years: Months: 10 Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Kabosky Father's Birthplace: Germany

Mother's Maiden Name: Anna Dotzeka Mother's Birthplace: Russia

Name of person giving Information: Jacob Kabosky How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia How long: 5 days.

Immediate: Convulsions How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Faehtman

Address: Cumberland Md

Accident or Suicide? Negative

LIBRARY BUREAU A88516

Name in Full: Joseph F. Kaylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: 1904 December	Day: 8	Age: Years 17	Months: 9	Days:
Sex: Male	Color or Race: White		Birthplace:		
Occupation: Brick yard			Where Residing if not at place of death:		
Married, Single or Widowed:		Name of Wife or Husband:			
Father's Name: Dead.				Father's Birthplace:	
Mother's Maiden Name:				Mother's Birthplace:	
Name of person giving Information:				How related to deceased:	

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Shot by Gun Accidently	How long:
Immediate:	How long:
Are the name, age, sex, color, date and place correctly given above?	Signature of ~~Physician~~: Dennis E. O'Neal Coroner
	Address: Cumberland, Md.
Accident or Suicide?	

LIBRARY BUREAU A86516

Gonn
Mt-Savage
County—

Name in Full: Henriatta Sampsin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmitsburg — County: Frederick

Date of death: Month: 1904 Dec — Day: 6 — Age: Years: 81 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Charles Mudersbaugh — How related to deceased: Son in law

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Advanced age — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley.

Address: Emmitsburg Md.

Accident or Suicide? No Wiley

LIBRARY BUREAU A88816

Name in Full: Henry Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McCaw Mills — County: Allegany

Date of death 1904: Month: Dec — Day: 15

Age: Years: 63 — Months: 2 — Days: 9

Sex: Male — Color or Race: White — Birthplace: England

Married, Single or Widowed: Married — Occupation: Miner

Name of Wife or ~~Husband~~: Ellen Foley

Father's Name: Henry Lee — Father's Birthplace: England

Mother's Maiden Name: Elisabeth Gunn — Mother's Birthplace: England

Name of person giving Information: Eliza Morgan — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 64 — How long

Immediate: Apoplexy — How long: about 15 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher

Address: Barton Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Robert Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Dec. — Day: Third

Age — Years: 20 — Months: 4 — Days: 12

Sex: Male

Color or Race: Colored

Birthplace: Miss.

Occupation: Porter

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James Lee

Father's Birthplace: Miss.

Mother's Maiden Name: Rosa Mason

Mother's Birthplace: Miss

Name of person giving Information: James Lee

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: Three months

Immediate: Asphyxiated — How long: Five minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Hodges M.D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Elizabeth Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg; County: Allegany

Date of death: 1904; Month: 12; Day: 25

Age: Years: 70; Months: 6; Days: -

Sex: female; Color or Race: colored; Birthplace: Wales

Occupation: H. W.; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: John Lewis.

Father's Name: —; Father's Birthplace: Wales

Mother's Maiden Name: —; Mother's Birthplace: Wales

Name of person giving Information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy; How long: 1 wk

Immediate: Apoplexy.; How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J Griffith

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: M Kelvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Dec 12; Age: Years —; Months —; Days 1

Sex: Male; Color or Race: White; Birthplace: Cumberland

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James McKelvey; Father's Birthplace: Md

Mother's Maiden Name: Annie Shields 176; Mother's Birthplace: Md

Name of person giving Information: Annie McKelvey; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulsper Ort; How long —

Immediate: Strangulating Ord; How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A E Lippencott

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Louis Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gilmore — County: Allegany

Date of death: Month: Dec — Day: 23 — 1904

Age: Years: — Months: 2½ — Days: —

Sex: Male — Color or Race: White — Birthplace: Gilmore

Occupation: None — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Louis Miller — Father's Birthplace: Germany

Mother's Maiden Name: Virginia Colborn — Mother's Birthplace: W Va

Name of person giving Information: Louis Miller — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mos

Immediate: Convulsions — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Bertha Lenora Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Cumberland; County: Allegany

Date of death 1904: Month: Dec.; Day: 2; Age: Years: 18; Months: 3; Days: 21

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Harvey A Myers

Father's Name: David Meeks; Father's Birthplace: Md

Mother's Maiden Name: Julia A. Felton; Mother's Birthplace: Pa

Name of person giving Information: Julia A Meeks; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis 104; How long: 1 Yr

Immediate: acute Attack.; How long: 1 Da

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Broadrup M.D.

Address: Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Sarah Nailer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Dec; Day: 25; Years: 1904; Age: 9; Months: 2; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Cumberland Md

Occupation: School Girl; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Nailer; Father's Birthplace: Cumberland Md

Mother's Maiden Name: [illegible]; Mother's Birthplace: Washington D.C.

Name of person giving In formation: Jesse Nailer; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis; How long: 13 days

Immediate: Exhaustion; How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Dupe M.D.

Address: Cumberland Md

Accident or Suicide

LIBRARY BUREAU A88818

Name in Full: Margretta E. Neff

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegheny

Date of death: Month: Dec. — Day: 1 — 1904

Age — Years: 61 — Months: — — Days: 24

Sex: Female — Color or Race: White — Birthplace: Winchester Va.

Occupation: — Where Residing if not at place of death: Cumberland

Married, Single or Widowed: Married — Name of Wife or Husband: Aaram Neff

Father's Name: John Ramey — Father's Birthplace: Shenandoah Co Va

Mother's Maiden Name: Mary Marker — Mother's Birthplace: Shenandoah Co Va

Name of person giving information: Mrs Flowers — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Mesentary — How long: 3 Months

Immediate: Exhaustion — How long: Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. L. Barksdale.

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Annie [illegible] ll

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Dec — Day: 21 — Age — Years: 55 — Months — Days

Sex: Female — Color or Race: White. — Birthplace: Cumbld.

Occupation — Where Residing If not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace

Mother's Maiden Name: Dead — Mother's Birthplace

Name of person giving In formation: Mrs Fred Hering — How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Stomach — How long: 2 yrs.

Immediate: Oedema of Lungs — How long: 1 —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Mayo

Address: Wiley's.

Accident or ~~Suicide~~?

LIBRARY BUREAU A888 16

Name in Full: James Park

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lonaconing — County: Allegany

Date of death: 1904 — Month: Dec — Day: 12 — Age: Years 65 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Scotland

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Marian Cunningham

Father's Name: Abram Park — Father's Birthplace: Scotland

Mother's Maiden Name: Margaret Motton — Mother's Birthplace: Scotland

Name of person giving Information: Mrs. James Park — How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: Some months

Immediate: Pyloric Obstruction — How long: Four days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Josiah Parker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vale Summit — County: Allegany

Date of death: Month: December — Day: 7th — 1904 — Age: Years: 76 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Mt Savage, Md.

Occupation: Merchant. — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Eliza Parker

Father's Name: William Parker. — Father's Birthplace: Pa.

Mother's Maiden Name: Drusilla Gardner — Mother's Birthplace: Pa.

Name of person giving In formation: W. J. Parker — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-pneumonia — How long: Ten days

Immediate: Broncho-pneumonia — How long: Ten days

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson

Address: Vale Summit, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Lynn

Mt. Savage

County

Name in Full: Mrs Jane H. Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mason Mills; County: Allegany

Date of death: Month: Dec; Day: 14; Year: 1904; Age: Years: 77; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Frostburg

Occupation: none

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of ~~Wife or~~ Husband: John H. Patterson deceased

Father's Name: Cornelius Berry

Father's Birthplace: Don't Know

Mother's Maiden Name: Elizabeth

Mother's Birthplace: " "

Name of person giving Information: Ed Patterson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 1 yr 3 mos

Immediate: Acute Pleurisy — How long: 48 hours

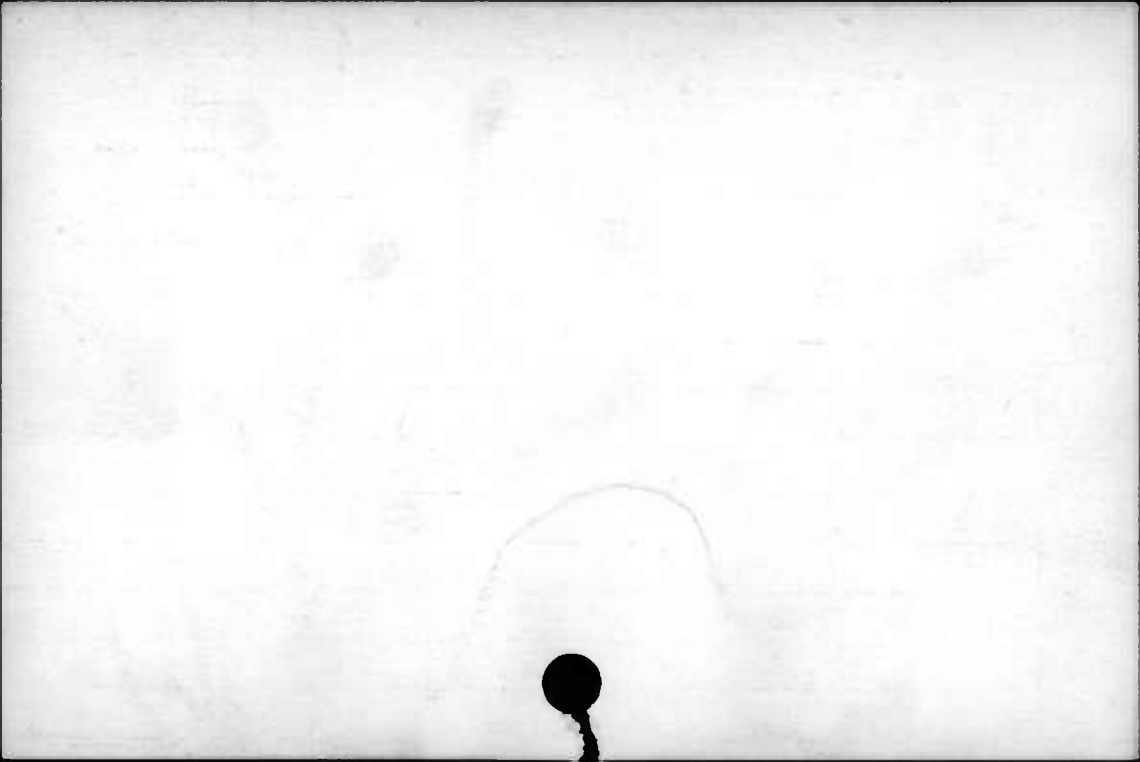
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88516



Name in Full: Griffith Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death: Month: 12 — Day: 31 — 1904

Age: Years: 62 — Months: [illegible] — Days:

Sex: Male — Color or Race: White — Birthplace: Wales

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Sarah Jenkins

Father's Name: Wm Phillips — Father's Birthplace: Wales

Mother's Maiden Name: Jenkins — Mother's Birthplace: Wales

Name of person giving Information: David Phillips — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma — How long: years

Immediate: — How long:

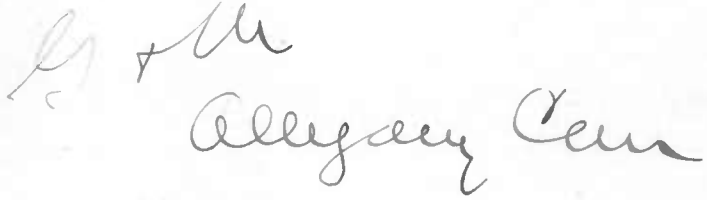
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Griffith M.D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A63515



Name in Full: William Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

Date of death 1904 — Month: Dec — Day: 24 — Age: Years 49, Months 10, Days +

Sex: Male — Color or Race: White — Birthplace: Mt. Savage Md

Married, Single or Widowed: Single — Occupation: Machinist

Name of Wife or Husband:

Father's Name: James Pratt — Father's Birthplace: Eng.

Mother's Maiden Name: [illegible] — Mother's Birthplace: Ireland

Name of person giving Information: Richard T. Pratt — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 2 years

Immediate: Syncope & inanition — How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Finaly

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William Rest

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: Dec — Day: 31

Age — Years: 79 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Germany

Occupation: Carpenter — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: John Laing — How related to deceased: none.

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: Months

Immediate: Exhaustion — How long: Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Jochum

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Geo A Rice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmo — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	Dec	24	4	6	

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Geo A J Rice — Father's Birthplace: Md

Mother's Maiden Name: Sarah Bender — Mother's Birthplace: Md

Name of person giving Imformation: Columbus Bender — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory Rheumatism — How long: Several weeks

Immediate: Valvular Enlargement of Heart — How long: Several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Poorman

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Burrell Richmond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Dec; Day: 28

Age: Years: 4; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Lonaconing

Occupation: none

Where Residing if not at place of death:

Married, Single or Widow(er):

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Richmond

Father's Birthplace: Scotland

Mother's Maiden Name: Hannah Lynch

Mother's Birthplace: Illinois

Name of person giving information: Mrs. Wm. Richmond

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fibrinous Bronchitis — How long: 2 weeks

Immediate: Convulsions — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Louisa Rohman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd County: Allegany

Date of death: 1904 Month: Dec. Day: 31

Age: Years: 40 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Md

Occupation: Wife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: John Rohman

Father's Name: Elie Robinson Father's Birthplace: Md

Mother's Maiden Name: Annie 11 Mother's Birthplace: Md

Name of person giving Information: [illegible] How related to deceased: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abcess How long: 1 wk

Immediate: Acute Septicaemia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Jarrett

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66516

372 N. Centre St.

Name in Full: James F[illegible] Ryan

CERTIFICATE OF DEATH

MARYLAND

Died at: [illegible] Town; [illegible] County

Date of death 1907: Month 12; Day 2; Age: Years 20; Months 2; Days

Sex: Male; Color or Race: Wht.; Birthplace: Penn

Occupation: Clerk; Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: John A. Ryan; Father's Birthplace:

Mother's Maiden Name: Mary Malloy; Mother's Birthplace:

Name of person giving information: 79; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart; How long: Fifteen Mos

Immediate: Myo Cardito; How long: Four [illegible]

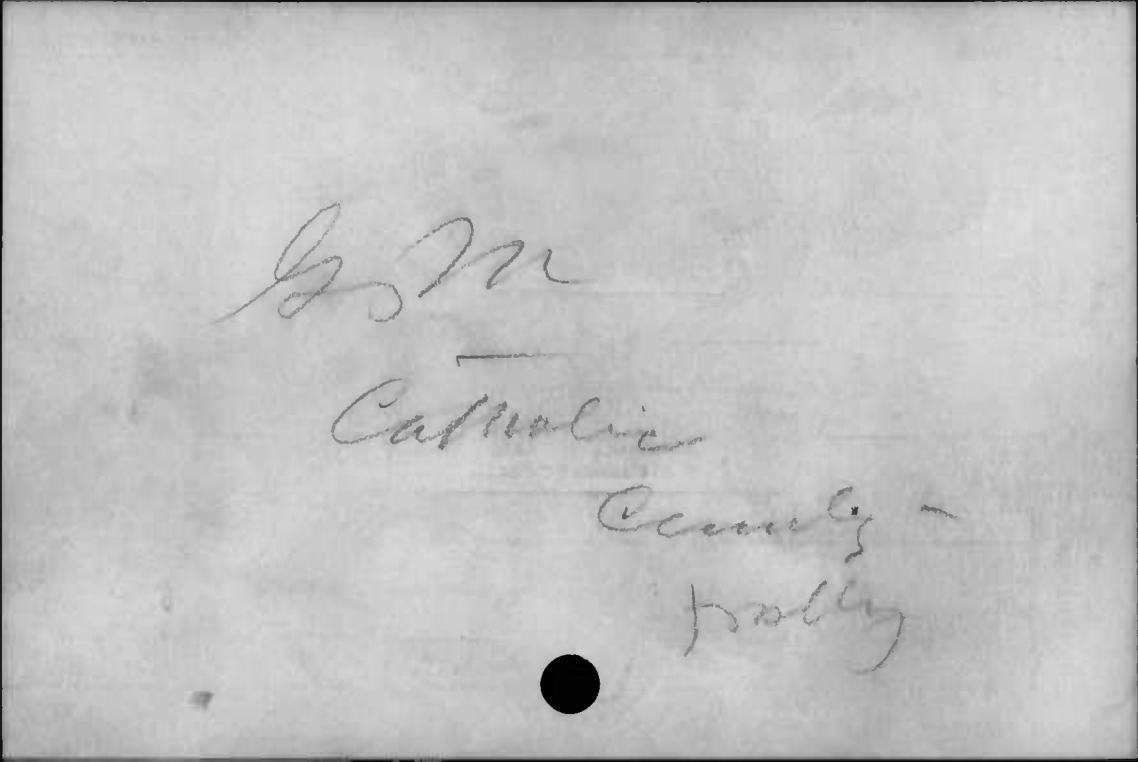
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Richard [illegible]

Address: [illegible]

Accident or Suicide:

LIBRARY BUREAU Ad6316



Name in Full: George H Scharf

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Dec — Day: 29 — Age: Years 25, Months 3, Days

Sex: Male — Color or Race: White — Birthplace: Selinsgrove Pa

Occupation: Clerk — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph K. Scharf — Father's Birthplace: Pa

Mother's Maiden Name: Katie Herman — Mother's Birthplace: Pa

Name of person giving information: Joseph K Scharf — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: Two Weeks

Immediate: Exhaustion (Cardiac) — How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F D Sachs M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Jane Y. Shoffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland Md | County: Allegany

Date of death: Month: Dec | Day: 20th | 1904 | Age: Years: 62 | Months: 11 | Days: 7

Sex: Female | Color or Race: White | Birthplace: Johnstown Pa

Occupation: X X | Where Residing if not at place of death:

Married, Single or Widowed: Widow | Name of Wife or Husband: Daniel Shoffer (dec'd)

Father's Name: John Young | Father's Birthplace: Scotland

Mother's Maiden Name: Euphemia Dawson | Mother's Birthplace: Scotland

Name of person giving Information: E. M. Mellevon | How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer in abdomen | How long: 6 months

Immediate: Kidney failure | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley, M.D.

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU AB3016

Name in Full: Eva Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death — Month: 1904 Dec — Day: 16

Age — Years: 25 — Months: — — Days: 5 —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Joseph Smith

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Edward Lyons — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile debility — How long: 2 years

Immediate: Cardiac exhausting — How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

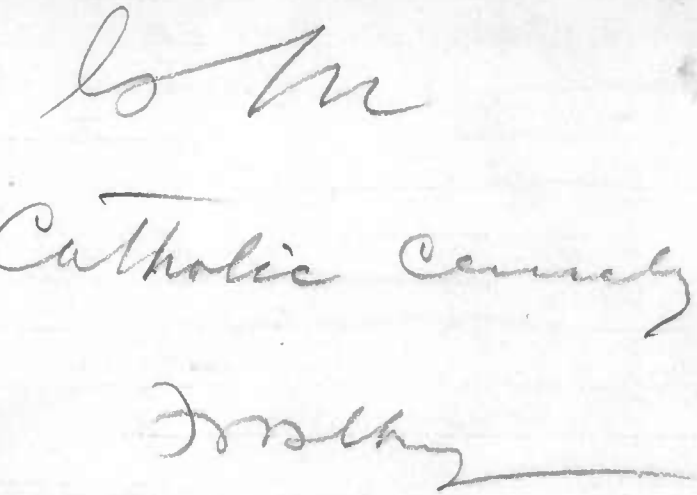
Signature of Physician: C Lober

Address: Frostburg Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881G



Name in Full: Elisabeth Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 190 4: Month: Dec; Day: 5; Age: Years: 52; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Canada

Occupation: Domestic; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Martha Snyder

Mother's Birthplace: Germany

Name of person giving In formation: George Reichlein

How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 15 Minutes

Immediate: —

How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signatura of Physician: W. W. Wiley.

Address: Dr Welty

Accident or Suicide?

LIBRARY BUREAU A28616

Name in Full: Jennie B Sowers.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allg

Date of death: Month: Dec — Day: 5 — Year: 1904 — Age: Years: 20 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John E Sowers — Father's Birthplace: Md

Mother's Maiden Name: Jenira Houser — Mother's Birthplace: Pa

Name of person giving information: Jenira Sowers — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 9

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B C Miller.

Address: Paper Factory

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: George Edward Stahley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb. — County: Allg.

Date of death: 1904 — Month: Dec — Day: 15

Age — Years: 22 — Months: 1 — Days: 15

Sex: male — Color or Race: White — Birthplace: Pa.

Occupation: Labor — Where Residing if not at place of death: —

Married, Single or Widowed: maried — Name of Wife or ~~Husband~~: Annie Stahley

Father's Name: John Stahley — Father's Birthplace: Pa

Mother's Maiden Name: Sallie Bishop — Mother's Birthplace: Pa

Name of person giving Information: John Stahley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia — How long: 9 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: H. S. Wailes

Accident or Suicide?

for Steam Phone

LIBRARY BUREAU A888-16

Name in Full: Joseph F Stanton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: Allegh

Date of death 1904 — Month: Dec — Day: 3 — Age — Years: 42 — Months: 6 — Days:

Sex: male — Color or Race: White — Birthplace: Cumb'd.

Occupation: retired — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Deceased — Father's Birthplace: —

Mother's Maiden Name: Mrs Patrick Stanton — Mother's Birthplace: Ireland.

Name of person giving Information: Mary Stanton — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: 1 yr.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Leo Franklin

Address: Dr. Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66018

Name in Full: Elizabeth M Thurston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland Md — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Dec — Day: 10 — Age — Years: 79 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: No Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Geo A Thurston.

Father's Name: Dead — Father's Birthplace

Mother's Maiden Name: " " " — Mother's Birthplace

Name of person giving Information: Mrs Judge Boyd — How related to deceased: Daughter

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: Do not know

Immediate: General exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Edda J. Truley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death: Month 12 Day 6 1904

Age: Years 7 Months 5 Days 29

Sex: Female — Color or Race: White — Birthplace: Klondike, Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Richard Truley — Father's Birthplace: Pa

Mother's Maiden Name: Annie Stevens — Mother's Birthplace: Frostburg Md

Name of person giving Information: Richard Truley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Thrombosis — How long: Since birth

Immediate: Convulsions — How long: Two hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Cober

Address: Frostburg, Md.

Accident or Suicide? —

LIBRARY BUREAU A69316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Robert H. Wastcell

Died at: Town: Cumb'd — County: Allg

Date of death: 1904 — Month: Dec — Day: 12 — Age: Years — — Months: 7 — Days: —

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: R. H. Wastcell — Father's Birthplace: Virg

Mother's Maiden Name: Annie E. Elliott — Mother's Birthplace: "

Name of person giving information: R H Wastcell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 3 months

Immediate: Intestinal Perforation — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eff W Witt

Address: 22 S. Mechanic St Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Helen Irene Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany — MARYLAND

Date of death 1904 — Month: Dec. — Day: 16

Age — Years: 7 — Months: — Days: 3

Sex: Female — Color or Race: White — Birthplace: Frostburg Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Hiriel Wade — Father's Birthplace: Frostburg Md.

Mother's Maiden Name: Nora Rice — Mother's Birthplace: Cumberland Md.

Name of person giving Information: Hiriel Wade — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis 90 — How long: 5 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Cober

Address: Frostburg Md.

Accident or Suicide? No

LIBRARY BUREAU A88316

Allegany

County —

L. M.

Name in Full: Benjamin Wallin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 12; Day: 10; 1904

Age: Years: 76-; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: England

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife~~ Husband: Elizabeth Wallin

Father's Name: Wallin

Father's Birthplace: England

Mother's Maiden Name: Darby

Mother's Birthplace: England

Name of person giving Information: Herbert Wallin

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy Cerebral — How long: 24 hours

Immediate: 4 6 — How long: 4-1

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Avery

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A89519

Name in Full: Augustus Gilliard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Dec — Day: 28

Age — Years: 1 — Months: 6 — Days:

Sex: Mail — Color or Race: White — Birthplace: Cumberland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Augustus Gilliard — Father's Birthplace: Cumberland

Mother's Maiden Name: Mary " " " " — Mother's Birthplace: " " " "

Name of person giving information: Mary Gilliard — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dep Bronc & Sec Pneum — How long: 3 mos

Immediate: Septic Pneumonia — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr S Claybrook

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Douglas Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

Date of death: Month: Dec | Day: 20 | 1904

Age: Years: 64 | Months: — | Days: —

Sex: Male | Color or Race: Colored | Birthplace: Virginia

Occupation: Laborer | Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ | Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving In formation: — | How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic Heart Disease | How long: Some years

Immediate: Acute indigestion | How long: Several days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. T. Dupe

Address: Cumberland Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66613

Name in Full: Lorenza Orval Winebrenner

CERTIFICATE OF DEATH

Died at: Town: Corriganville; County: Allegany; MARYLAND

Date of death 1904: Month: Dec; Day: 17; Age: Years —; Months: 6; Days: 18

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Jessie Winebrenner; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Jessie Winebrenner; How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. 93; How long:

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Carl Smith.

Address: Ellerslie.

Accident or ~~Suicide~~?

phone per F.S.

LIBRARY BUREAU A66016

Name in Full: Melvin Winebrenner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carrigansville; County: Ery

Date of death: Month: Dec; Day: 16; 1904

Age: Years: 3; Months: 4; Days:

Sex: Male

Color or Race: White

Birthplace: Carriagansville

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jessie Winebrenner

Father's Birthplace: Ky C

Mother's Maiden Name: Ida Masten

Mother's Birthplace: Ky Co

Name of person giving information:

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long

Whooping cough & Bronchitis

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Earle Smith

Address: Ellerslie Md

Accident or Suicide?

per Stein, for Home

LIBRARY BUREAU A88816

Name in Full: Hiro. Cowles Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowden Church — County: Allegany

Date of death 1904: Month: 12 — Day: 31 — Age: Years: — Months: — Days: 10

Sex: Males — Color or Race: White — Birthplace: Bowden Church

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Hiro. Cowles — Father's Birthplace: Md

Mother's Maiden Name: Lippie — Mother's Birthplace: Md

Name of person giving Information: J. Cowles — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 6 days

Immediate: 4 — How long: 6 days

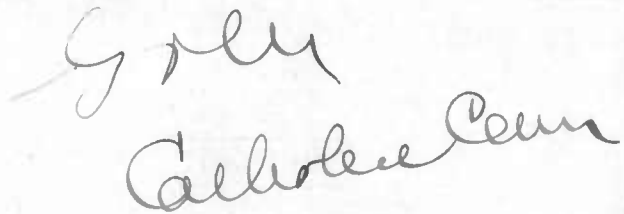
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McBrien

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88518



Name in Full: Sarah Frances Wonn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart Mines; County: Allegany

Date of death 1904: Month: Dec.; Day: 3rd.; Age: Years: 73; Months: 7 Mo.; Days: 24 Ds.

Sex: Female; Color or Race: White; Birthplace: Baltimore Co.

Married, ~~Single or Widowed~~; Occupation: Housewife

Name of ~~Wife~~ Husband: James Wonn

Father's Name: Michael O'Rourke; Father's Birthplace: Ireland

Mother's Maiden Name: ; Mother's Birthplace: Maryland

Name of person giving information: George F. Wonn; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 5 days.

Immediate: Heart failure; How long:

193

Are the name, age, sex, color, date and place correctly given above? Yes

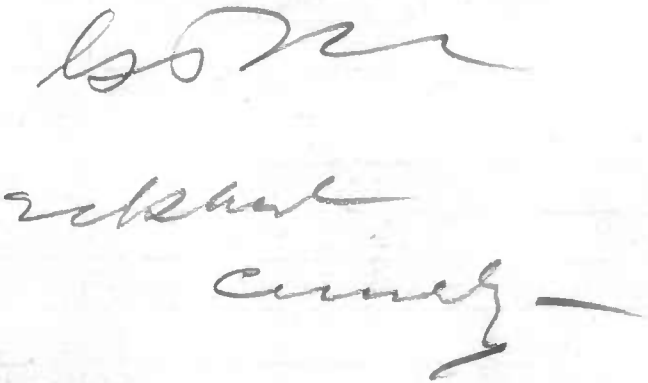
Signature of Physician: B. M. Cromwell

Address: Eckhart Mines, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ABC816



Name in Full: Still Born - Yarnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland. County: Allegany

Date of death: 1904 Month: 12 Day: 6 Age: Years — Months — Days —

Sex: Female Color or Race: White Birthplace: Cumb. Md.

Occupation: Where Residing if not at place of death: " "

Married, Single or Widowed: Name of Wife or Husband: Wm Yarnell - June 4 04

Father's Name: Wm Y. Father's Birthplace: Cumb.

Mother's Maiden Name: Jane Morgan Mother's Birthplace: Ger Rock

Name of person giving Information: Mrs L. Yarnell How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born 8. How long —

Immediate: — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Wiley.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Rev M L Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death: 1904 — Month: Dec — Day: 13 — Age: Years: 50 — Months: 7 — Days:

Sex: male — Color or Race: White — Birthplace: Middletown

Occupation: Minister — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~:

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: Mrs. M. L. Young — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Angina Pectoris — How long: about 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. A. Hawkins M.D.

Address: Emmitsburg Md.

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88810

Name in Full: Isaac Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Month: Dec Day: 5

Age: Years: Stillborn; Months; Days

Sex: Male

Color or Race: White

Birthplace:

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Wm Isaac Smith

Father's Birthplace: Cumberland

Mother's Maiden Name: Burns

Mother's Birthplace: Cumberland

Name of person giving Imformation: Mrs Isaac Smith

How related to deceased: Mother

CAUSES OF DEATH

Primary: Stillborn

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signatura of Physician: A. Lee Franklin

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516